



Iowa Department of Human Services

# Iowa's Medicaid Program Updates and Transition

Provider Services  
Iowa Medicaid Enterprise



## New Approach: Medicaid Modernization

In February 2015, DHS issued a Request for Proposal, titled the Iowa High Quality Health Care Initiative

- Moves Medicaid program towards risk-based managed care approach
- Impacts most Medicaid members and begins March 1, 2016
  - Pending final CMS approval



## Iowa's Goals

Goal

- Improved quality and access

Goal

- Greater accountability for outcomes

Goal

- More predictable and sustainable Medicaid budget



## Iowa's Managed Care Organizations

- DHS has contracted with three bidders listed below:
  - AmeriGroup Iowa, Inc.
  - AmeriHealth Caritas Iowa, Inc.
  - United Healthcare Plan of the River Valley, Inc.



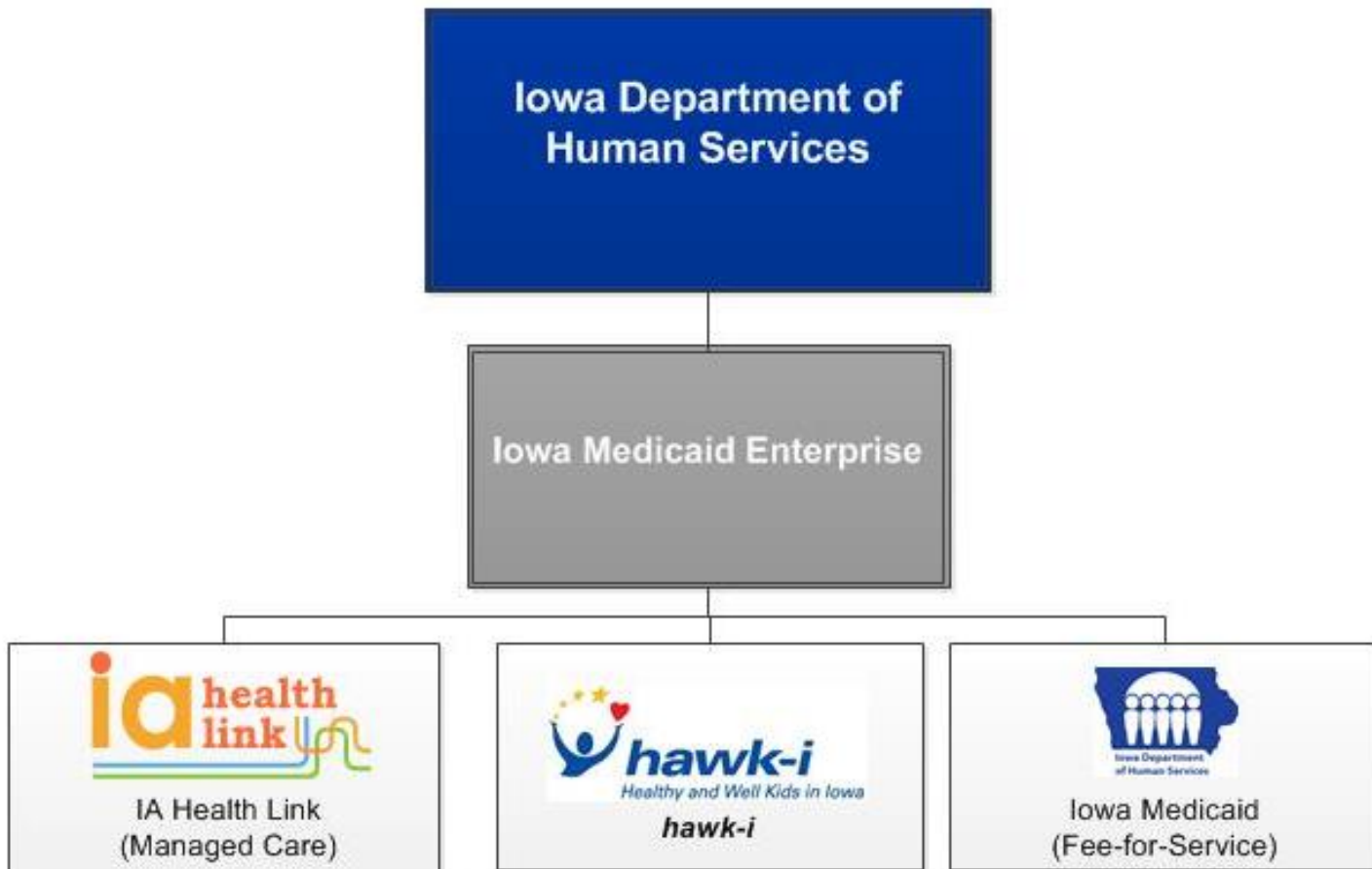
## Branding and Communications

- IA Health Link is now the name for the Iowa Medicaid managed care program
- Links together physical health care, behavioral health care, and long term care under one program





## Iowa Medicaid Program Overview



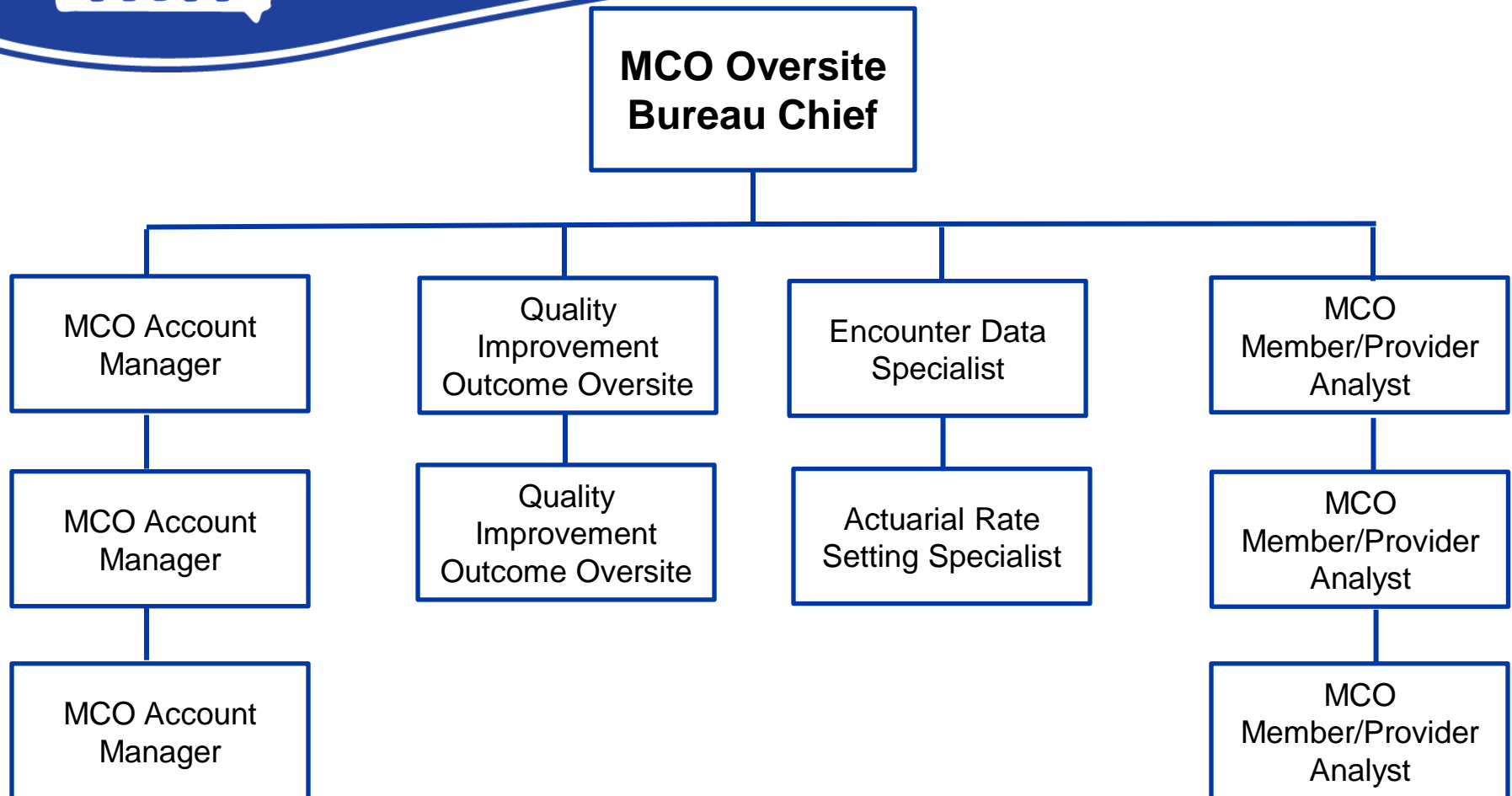


## Managed Care Bureau

- DHS is onboarding *additional* staff to support the Initiative
- 2 staff will be fully dedicated to oversight of quality outcomes
- 1 staff for each MCO
- Specific staff assigned to oversee enrollment broker, actuary & other support contracts



# Iowa Department of Human Services







## Member Transition



## Member Populations

### Included

- Low income families and children
- Iowa Health and Wellness Plan
- Long Term Care
- HCBS Waivers
- *hawk-i*

### Excluded

- PACE (member can opt in)
- American Indians/Alaskan Natives (can opt in)
- Programs where Medicaid already pays premiums: Health Insurance Premium Payment Program (HIPP), Medicare Savings Program only
- Medically Needy
- Undocumented persons eligible for short-term emergency services only
- Presumptively eligible



## Member Benefits

- Physical health care in inpatient and outpatient settings, behavioral health care, transportation, etc.
- Facility-based services such as Nursing Facilities, Intermediate Care for Persons with Intellectual Disabilities, Psychiatric Medical Institution for Children, Mental Health Institutes and State Resource Centers
- Home and Community-Based Services (HCBS) waiver services
- Dental services continue as today – “carved out” of MCO



## Covered Benefits

- Benefits remain unchanged during the transition, including:
  - Iowa Family Planning Network
  - Iowa Health and Wellness Plan
- Services remain unchanged during the transition, including:
  - Non-Emergency Medical Transportation
  - Prescription coverage
  - Specialty care



## Member Eligibility

- No changes to current application or eligibility process, including waiver lists
  - Applications continue to be processed by DHS
  - Application still available online, phone, paper
- Enrollment in MCO occurs after an eligibility determination is made
  - Members will receive information and enrollment packet after eligibility notice



## Member Educational Meetings

- Began in October 2015
  - Sessions to continue until early February 2016
  - Schedule available online and through Iowa Medicaid Member Services Call Center
- Provide member education about managed care and the transition
  - In-Person MCO Choice Counseling



## Member Enrollment Activities

### Overview of Enrollment Process

October 2015	November 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Introductory Mailings by population	MCO Enrollment Begins	Enrollment assistance Begins	Enrollment assistance continues	Enrollment assistance continues	February 17, 2015: Last Day to Make MCO Choice for January 2016	March 1: IA Health Link coverage begins



## Enrollment Mailings

- **Introductory mailings** : Sent to members in early October, and are posted online in English and Spanish
- **Enrollment Packet**: Mailed in November by population, and are posted online in English and Spanish
  - Tentative MCO assignment
  - IA Health Link Managed Care Handbook
  - MCO Enrollment Change Form
  - MCO Overview Flyers

\* Members who are excluded from the MCO transition will be sent a letter in January letting them know that they will not be impacted by this transition





## WellCare Update

As of December 18, 2015, WellCare is no longer an option through the IA Health Link program

Members who were assigned to WellCare, or selected WellCare:

- Will be reassigned to one of the three available MCOs as necessary

**-OR-**

- May choose a different MCO by February 17, 2016, for coverage beginning March 1, 2016



## MCO Selection

### Phone

- Iowa Medicaid Member Services
- Live representative from 8am-5pm, Monday- Friday
- Automated selection system, available 24/7
- Call Center: 1-800-338-8366, 8am-5pm, M-F

### In-Person

- Member educational meetings held throughout the state (began in late October)
- Turn in enrollment form, or make selection with Iowa Medicaid Enrollment Service Representative



## Resources for Selecting MCO

### Iowa Medicaid Member Services

- In-Person
- Phone
- DHS Website

### Enrollment Packet

- Managed Care Handbook
- MCO Informational Materials
- Samples will be posted online

### Comparison Chart

- Quick MCO Comparison Guide
- Available online

### MCO Provider Directory

- Available Online
- Through MCOs



## MCO Considerations for Members

Iowa Medicaid Member Services will offer health plan choice counseling to members. Choice counseling includes answering member questions about each health plan such as:

- Is my provider in the MCO network?
- Is my pharmacy in the MCO network?
- Does the MCO have specialists close to my community?
- Does the plan have value-added services that would benefit me?
- Are there special health programs that would help me?
- Does the MCO have call centers or helplines available beyond regular business hours?



## MCO Contacts Member

MCOs will distribute enrollment materials to new members within 5 business days of receipt of member enrollment selection

- Examples of enrollment materials:
  - Provider directory
  - MCO contact information
  - Services available
  - Grievance and appeal information
  - Member protections, rights, and responsibilities
  - Information on how to contact the Enrollment Broker
  - Contact information and role of the Ombudsman



## Member ID Cards

### Member Has Two Cards

#### 1. Medicaid Card

- Member receives or continues to use Medicaid ID card for dental or fee-for-service

#### 2. MCO Card

- MCO sends member ID card for use after MCO enrollment



\*Iowa Health and Wellness Plan members have three cards, using Dental Wellness Plan card for dental services and *hawk-i* members will continue to use separate dental card.



## MCO Changes for ‘Good Cause’

- Members may disenroll from their MCO at any time throughout the year for reasons of “good cause”
  - Changes requested through Iowa Medicaid Member Services
- “Good Cause” reasons can include:
  - A member’s provider is not enrolled with the MCO
  - A member needs related services to be performed at the same time and not all related services are available in the MCO network
  - If there is a change in eligibility (for example PACE)



## Provider Transition





## Provider Transition Timelines

Any willing provider time frames require MCOs to offer contracts to all existing Medicaid Providers.

- Two Separate timelines dependent on provider type.
  - Six Month Transition Period
    - August 31, 2016
  - Two Year Transition Period
    - February 28, 2018



## Provider Network Transition

### Six Month Transition

- Physical Health Care Providers (ex. Primary care, hospitals, specialists, etc.)
- Behavioral Health Care Providers (CMHCs and IDPH-funded substance use providers excluded)

### Two Year Transition

- Nursing Facilities
- HCBS Waiver and Habilitation Providers (case managers and care coordinators excluded)
- Community Mental Health Centers
- ICF/IDs
- Health Homes
- Substance use disorder treatment programs also in IDPH-funded network



## MCO Provider Network Requirements

### **Physical & Behavioral**

- MCOs will use all current Medicaid providers until August 31, 2016
- MCO networks effective September 1, 2016
- Strict network adequacy

### **Waiver & Long Term Care**

- MCOs will use all current LTC waiver providers, if they contract with the MCO, until February 28, 2018
- MCO network effective March 1, 2018
- Strict network adequacy



## Rate Floors

- All contracted providers will be reimbursed at the established floor rate
- MCOs must offer Waiver and Long Term Care providers a reasonable rate during the 2 year time period



## Safe Harbor

- 100% of current Medicaid rates paid to all currently enrolled Medicaid providers for March 2016
- Beginning April 1, 2016 non contracted providers will be paid at out of network reimbursement rates
  - 90% of the established floor
- Providers are encouraged to complete the contracting process with MCOs as early as possible



## MCO Transition-Services Rendered January 1-February 29, 2016

- Existing Medicaid Services will continue until March 1, 2016
- Magellan and Meridian contracts ended December 31, 2015
  - Behavioral health and substance abuse services will be administered through the IME
- Coventry MOU ended on December 31, 2015
- MediPASS ended December 31, 2015
  - Members receive benefits through Medicaid fee-for-service
  - Meridian members will receive service through Medicaid fee-for-service



## Provider Impact

- MCOs will honor existing authorizations for at least three months
- MCOs required to pay within similar timeframes as Medicaid does
- Timely filing for MCO claims is 180 days from the date of service
  - Secondary claims have 365 days from the date of service
- Providers may inform their members which MCOs they have contracted with



## Provider Outreach

- Provider toolkit is available online -*updated*
- Information includes:
  - IA Health Link Program Overview
  - Links to FAQs, Factsheets and DHS Website updates
  - Help in selecting an MCO Materials
  - Member Promotional Materials
  - Member Introductory Mailings

[https://dhs.iowa.gov/sites/default/files/IAHealthLink\\_ProviderToolkit\\_FINAL.PDF](https://dhs.iowa.gov/sites/default/files/IAHealthLink_ProviderToolkit_FINAL.PDF)





## Provider Enrollment Overview

- All in-state and out-of-state providers must enroll with Iowa Medicaid prior to enrollment with an MCO
- Provider Services continues the IME provider enrollment process
- The IME has the new Iowa Medicaid Universal Provider Enrollment Application, Form 470-0254
- Providers that are already enrolled with the IME **do not** need to enroll again



## MCO Provider Enrollment

- Each MCO is developing its provider network
- Current IME providers will have a “deemed enrollment” with each MCO, i.e. they are provisionally considered credentialed
- DHS has provided the Medicaid provider enrollment data
- MCOs have their own credentialing process to meet their accreditation standards
- When an MCO recruits a new provider, the MCOs will direct them to the Universal Application
- Non-contracted providers may enter into single case agreements with MCOs as necessary to serve the needs of members in special situations



## Information and Questions

	Contact Information
General Information	<a href="http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization">http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization</a>
Modernization Stakeholder Questions	Email: <a href="mailto:MedicaidModernization@dhs.state.ia.us">MedicaidModernization@dhs.state.ia.us</a>
Modernization Member Questions	Contact Iowa Medicaid Member Services Phone: 1-800-338-8366 Email: <a href="mailto:IMEMemberServices@dhs.state.ia.us">IMEMemberServices@dhs.state.ia.us</a>
Modernization Provider Questions	Contact Iowa Medicaid Provider Services Phone: 1-800-338-7909 Email: <a href="mailto:IMEProviderServices@dhs.state.ia.us">IMEProviderServices@dhs.state.ia.us</a>



## Provider Services Outreach Staff

Offer the following services:

- On-site training
- Escalated claims issues
- email [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)